U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 3/85	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name David S Moore	Name CWA LocA (7670 Labor Organization File Number 5/5257
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 8740 Classtone Rd	Street 1124 Sherman Ave
City Spirit Lake \$	City Coeur d' Alexe
State Idaho ZIP Code + 4 838 69	State Idaho ZIP Code + 4 838 14
5. Position in labor organization. Local President	ewa 7670

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or or monetary value from an employer whose employees your organization.	
Name and address of Employer (including trade name, if any),	7.a. Nature of Interest, Transaction, or Income.
Name Verizone Northwest	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
P.O. Box, Bldg., Room No., if any Street 747 PRAIRIE Lee City / Yayde W State Idaho ZIP Code + 4 83815	7.b. Amount.
City Hayden	
State Idaho ZIP Code + 4 83815	

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information
submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed 1 1 Morre

On 7-13-05 208 623-2783

Date Telephone Number

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13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Verizon Morthwest	14.a. Nature of payment. EXPENSE for travel and lodging to Attend company requested
Trade Name, if any:	meetings.
P.O. Box, Bldg., Room No., if any	
Street 747 MAIRIE Ave	
City Hayder	
State Folkha ZIP Code + 4 838/5	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. 1651-19